

FIG. 1

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SOFTWARE ARCHITECTURE

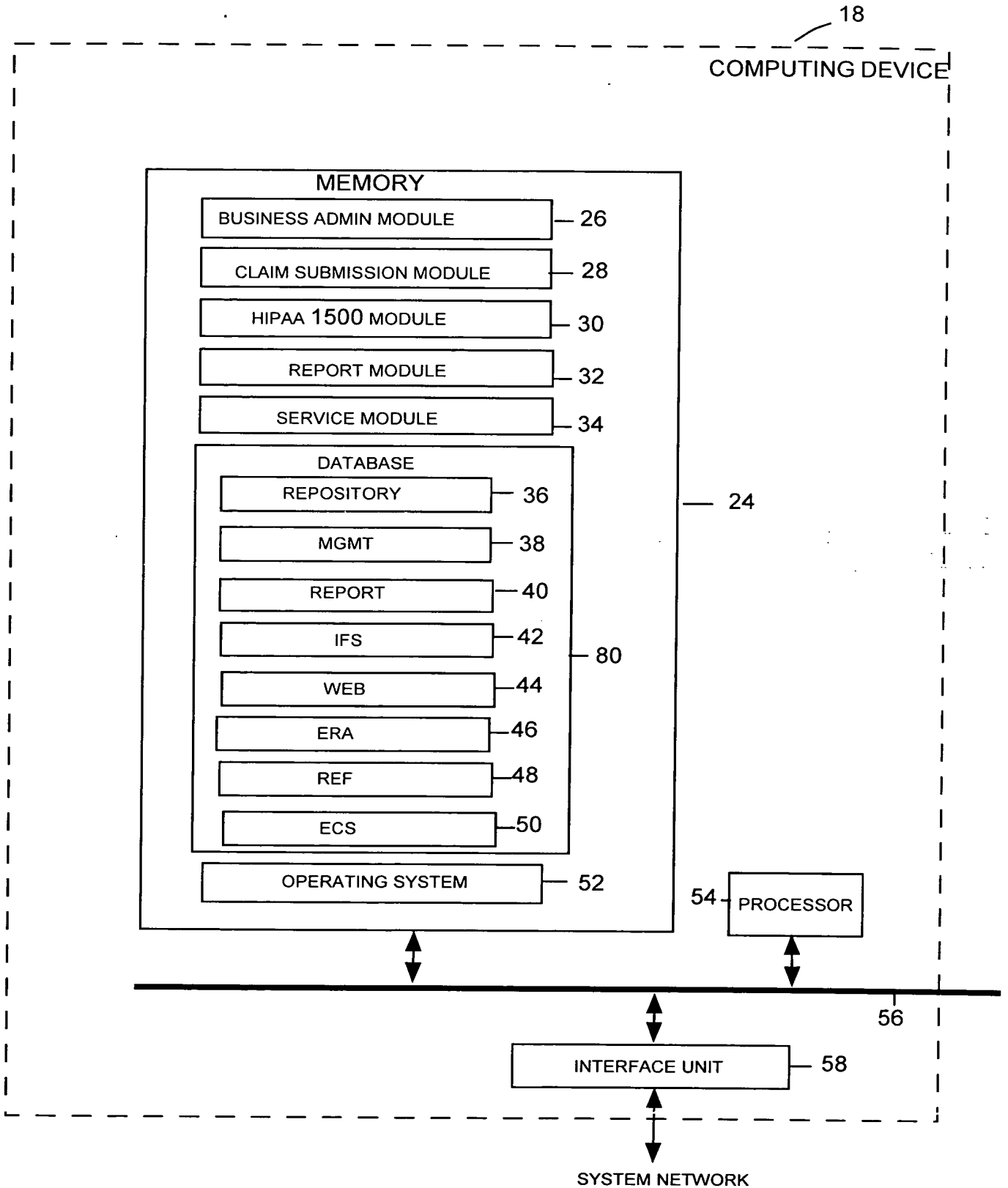


FIG.2

3/19 HARDWARE ARCHITECTURE

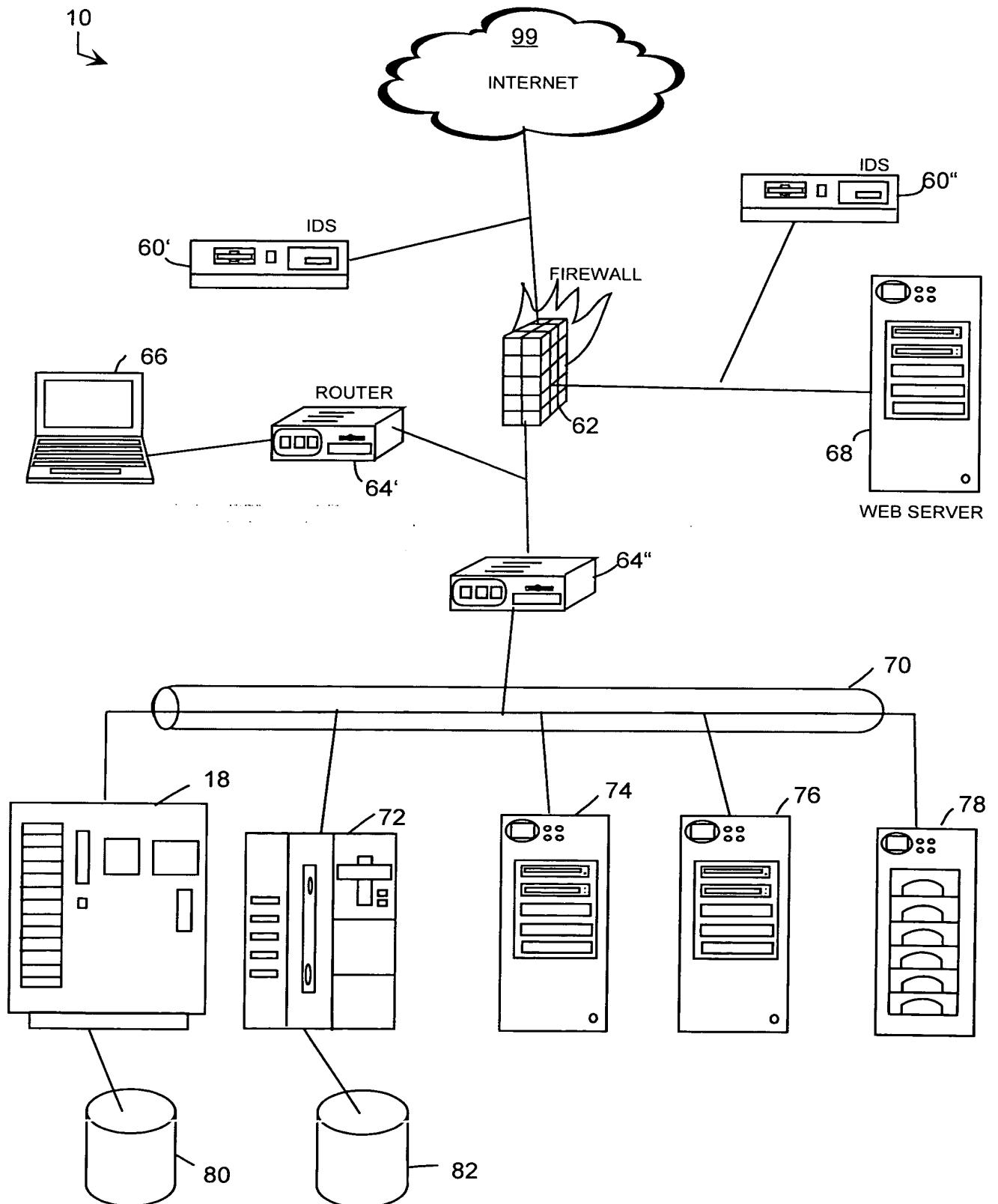


FIG. 3

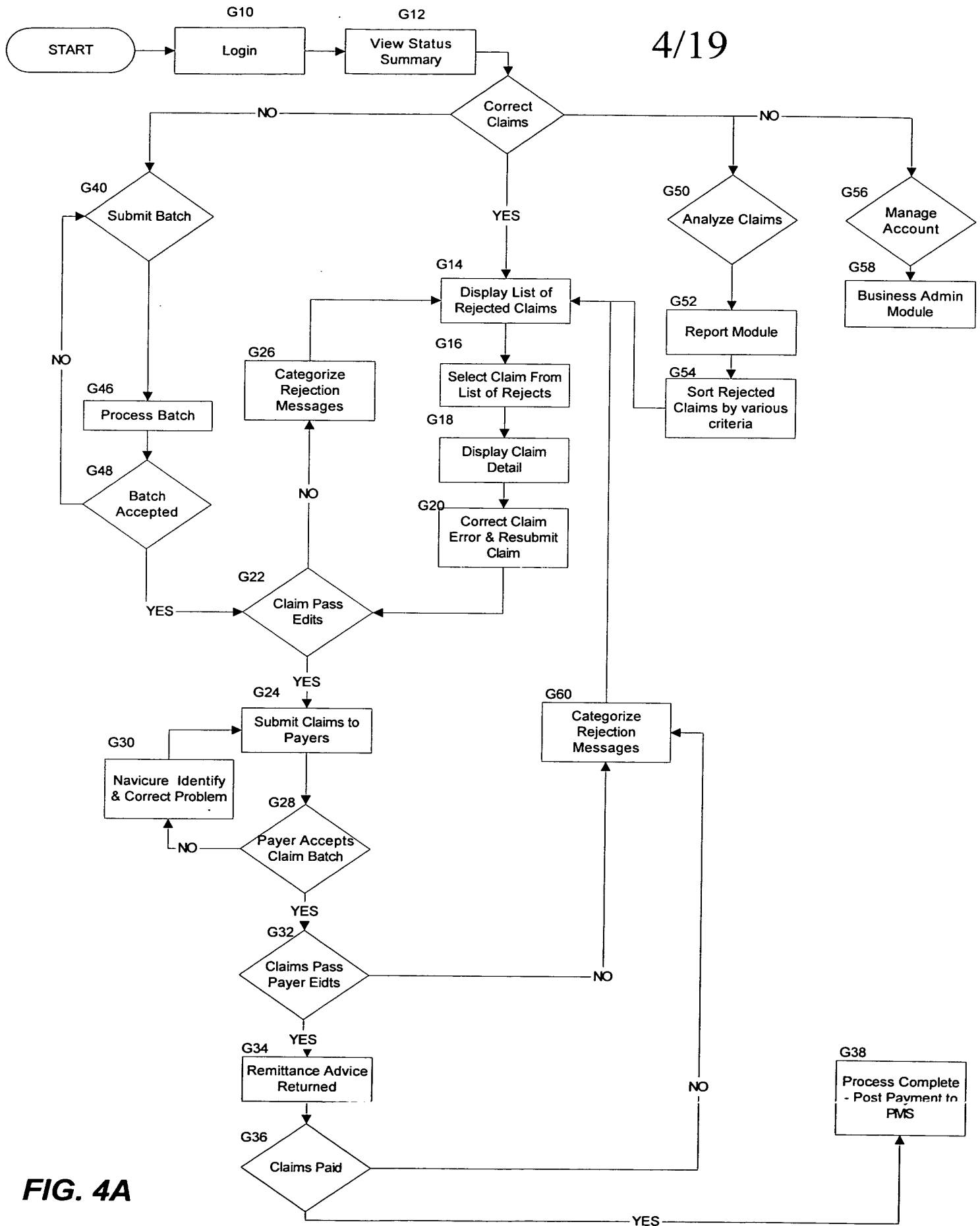


FIG. 4A

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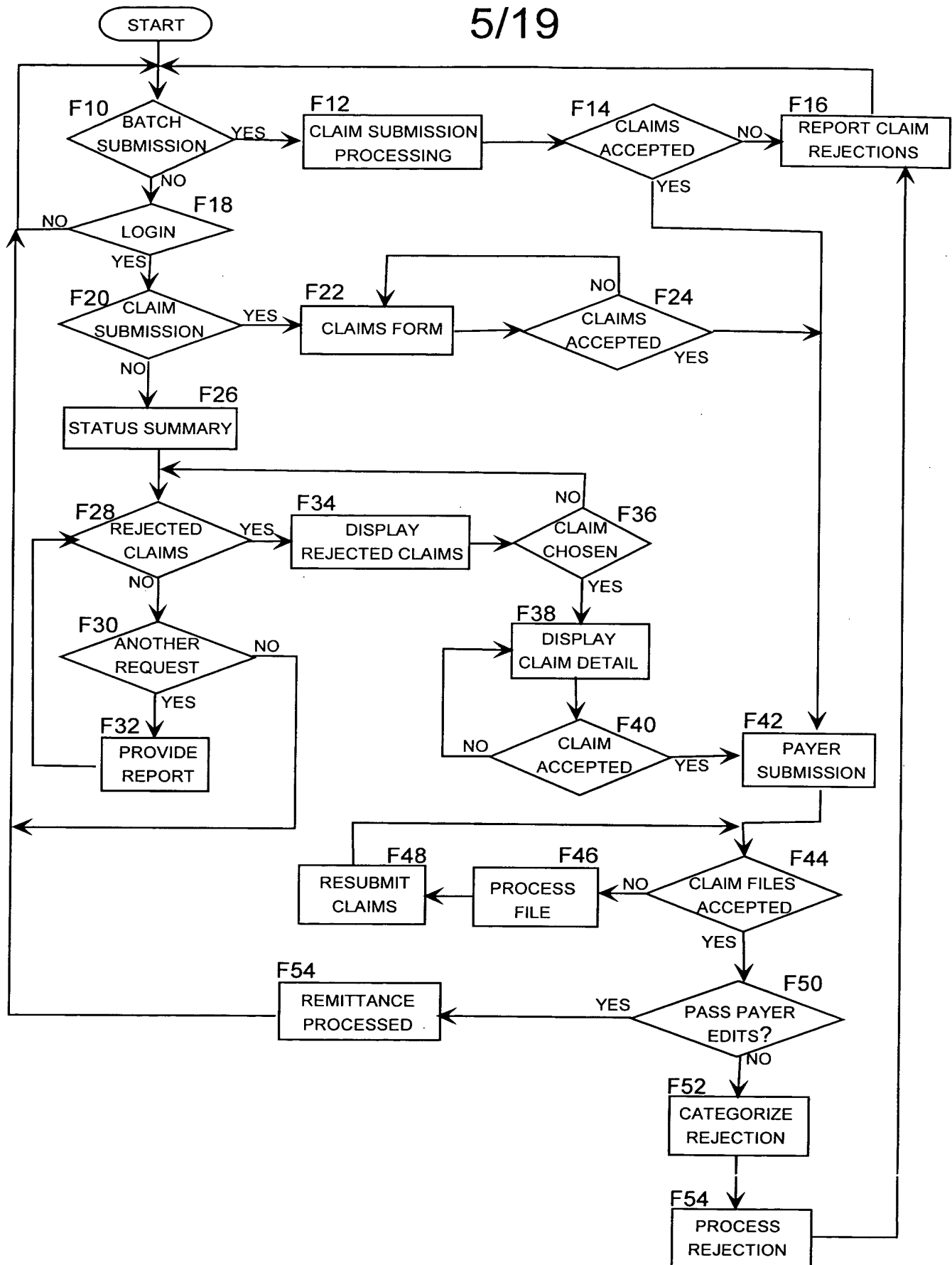


FIG. 4B

CLAIM DATA MODEL TABLE STRUCTURE T12

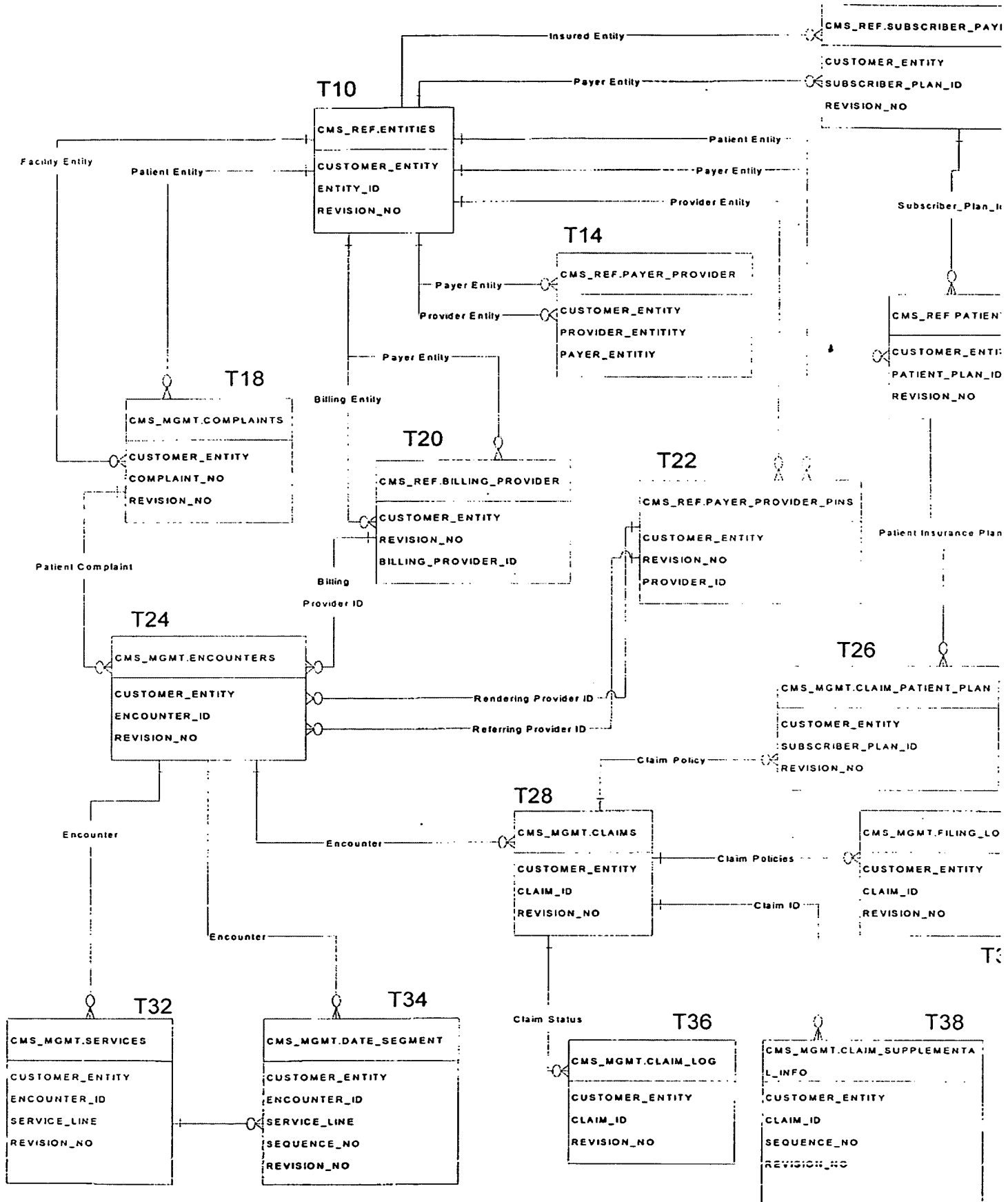


FIG. 5

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REF.ENTITIES

Indexes

ENTITIES_04_IDX (customer_entity , parent_identifier_code , record_state , entity_id , organization_name)

ENTITIES_02_IDX (entity_id)

ENTITIES_03_IDX (last_name , first_name)

Layout

C10

C12

C14

C16

Column Name	Data Type	Nullable	Description
ADDITIONAL_NAME_INFO	VARCHAR2(60)	YES	Optional additional name information
ADDRESS_ENTITY	VARCHAR2(8)	YES	Address ID of the physical address for the entity
ADDRESS_REV_NO	NUMBER(5)	YES	The revision of the physical address this record is linked to
BILLING_ADDRESS_ENTITY	VARCHAR2(8)	YES	Address ID of the billing address for the entity
BILLING_ADDRESS_REV_NO	NUMBER(5)	YES	The revision of the billing address this record is linked to
CITIZEN_STATUS_CODE	VARCHAR2(100)	YES	A code indicating the citizenship of the entity. See Code List "CITIZEN STATUS CODES" for values
CLIENT_LINK	VARCHAR2(8)	YES	Unavailable
COUNTRY_CODE	VARCHAR2(100)	YES	A code indicating the country of the entity. See Code List "COUNTRY CODES" for values
CUSTOMER_ENTITY	VARCHAR2(8)	NO	The value assigned to a customer which uniquely identifies the organization within the system
CUSTOMER_ID	VARCHAR2(30)	YES	The value assigned to a customer which uniquely identifies the organization within the system
DATE_OF_BIRTH	VARCHAR2(35)	YES	The date of birth
DATE_OF_BIRTH_FMT	VARCHAR2(100)	YES	The format of the date_of_birth field
ENTITY_ID	VARCHAR2(8)	NO	Unique value used to identify an entity for a customer
ENTITY_TYPE_QUALIFIER	VARCHAR2(100)	YES	A code indicating whether the entity is a person or a non-person entity. See Code List "ENTITY TYPES" for values
FIRST_NAME	VARCHAR2(40)	YES	The first name of the entity
FREE_FORM_NAME	VARCHAR2(60)	YES	A free form name for the entity
GENDER_CODE	VARCHAR2(100)	YES	The entities gender. See Code List "GENDER CODES" for values
LAST_NAME	VARCHAR2(40)	YES	Last name of the entity. Used only for person entities
LINK	VARCHAR2(8)	YES	Used to link navicare entities with customer specific entities. Entity ID of navicare entity is placed in the link field
MAILING_ADDRESS_ENTITY	VARCHAR2(8)	YES	Address ID of the mailing address for the entity
MAILING_ADDRESS_REV_NO	NUMBER(5)	YES	The revision of the mailing address this record is linked to
MAP_CODE	VARCHAR2(100)	YES	Unavailable
MARITAL_STATUS_CODE	VARCHAR2(100)	YES	A code indicating the marital status of the entity. See Code List "MARITAL STATUS CODES" for values
MATCH_LEVEL_1	VARCHAR2(4000)	YES	Unavailable
MIDDLE_NAME	VARCHAR2(40)	YES	The middle name of the entity
MODIFIED_BY	VARCHAR2(30)	YES	The user that modified the record. Stored as CUSTOMER_ENTITY.ENTITY_ID
NAME_PREFIX	VARCHAR2(100)	YES	The name prefix. See Code List "SALUTATIONS" for values
NAME_SUFFIX	VARCHAR2(100)	YES	The name suffix
ORGANIZATION_NAME	VARCHAR2(40)	YES	The name of the organization, practice, facility, etc.. Used only for non-person entities
OWNER_ENTITY	VARCHAR2(8)	YES	Unavailable
PARENT_IDENTIFIER_CODE	VARCHAR2(8)	YES	Unavailable
RACE_OR_ETHNICITY_CODE	VARCHAR2(100)	YES	A code indicating the race or ethnicity of the entity. See Code List "ETHNICITY CODES" for values
RECORD_STATE	CHAR(1)	YES	The current state of the record. Default is (A)ctive. See Code List "RECORD STATE CODES" for values
REVISION_NO	NUMBER(5)	YES	Indicates the total number of times the record has been modified. Default is 1
SOCIAL_SECURITY_NO	VARCHAR2(11)	YES	Government assigned social security number
TAX_ID	VARCHAR2(11)	YES	Government assigned tax id or ein number
TIMESTAMP	DATE	YES	The Date/Time the record was created or modified. It is maintained internally by the system

FIG. 6

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REF.SUBSCRIBER_PAYER

Layout	C18	C20	C22	C24
Column Name	Data Type	Nullable	Description	
ASSIGNMENT OF BENEFITS IND	VARCHAR2(100)	YES	Unavailable	
CLAIM_OFFICE_NUMBER	VARCHAR2(30)	YES	Unavailable	
CLIENT_NUMBER	VARCHAR2(80)	YES	Unavailable	
COORDINATION_OF_BENEFITS_CODE	VARCHAR2(100)	YES	Unavailable	
CUSTOMER_ENTITY	VARCHAR2(8)	NO	The value assigned to a customer which uniquely identifies the organization within the system	
CUSTOMER_ID	VARCHAR2(30)	YES	The value assigned to a customer which uniquely identifies the organization within the system	
EMPLOYER_NAME	VARCHAR2(60)	YES	Unavailable	
EMPLOYMENT_STATUS_CODE	VARCHAR2(100)	YES	Unavailable	
FEDERAL_TAX_ID	VARCHAR2(30)	YES	Unavailable	
GROUP_OR_PLAN_NAME	VARCHAR2(80)	YES	Unavailable	
INSURANCE_TYPE_CODE	VARCHAR2(100)	YES	Unavailable	
INSURED_GROUP_OR_POLICY_NO	VARCHAR2(80)	YES	Unavailable	
MAP CODE	VARCHAR2(100)	YES	Unavailable	
MODIFIED_BY	VARCHAR2(30)	NO	The user that modified the record. Stored as CUSTOMER_ENTITY.ENTITY_ID	
PAYER_ENTITY	VARCHAR2(8)	YES	Entity ID of the payer	
PAYER_IDENTIFICATION	VARCHAR2(80)	YES	Unavailable	
PAYER RESPONSIBLE SEQ NO CODE	VARCHAR2(100)	YES	Unavailable	
PAYER_REV_NO	NUMBER(5)	YES	The revision of the payer this record is linked to	
RECORD STATE	CHAR(1)	NO	The current state of the record. Default is (A)ctive. See Code List "RECORD STATE CODES" for values	
REVISION_NO	NUMBER(5)	YES	Indicates the total number of times the record has been modified. Default is 1	
SOURCE OF PAY	VARCHAR2(100)	YES	Unavailable	
SUBSCRIBER_ENTITY	VARCHAR2(8)	YES	Entity ID of the subscriber/insured	
SUBSCRIBER_MEMBER_ID	VARCHAR2(80)	YES	Unavailable	
SUBSCRIBER_PLAN_ID	VARCHAR2(8)	NO	Unavailable	
SUBSCRIBER_REV_NO	NUMBER(5)	YES	The revision of the subscriber/insured this record is linked to	
TIMESTAMP	DATE	NO	The Date/Time the record was created or modified. It is maintained internally by the system	

FIG. 7

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T14

REF.PAYER_PROVIDER

Layout	C26	C28	C30	C32
Column Name	Data Type	Nullable	Description	
CURRENCY_CODE	VARCHAR2(100)	YES	Unavailable	
CUSTOMER_ENTITY	VARCHAR2(8)	NO	The value assigned to a customer which uniquely identifies the organization within the system	
CUSTOMER_ID	VARCHAR2(30)	YES	The value assigned to a customer which uniquely identifies the organization within the system	
MAP_CODE	VARCHAR2(100)	YES	Unavailable	
MODIFIED_BY	VARCHAR2(30)	NO	The user that modified the record. Stored as CUSTOMER_ENTITY.ENTITY_ID	
PAYER_ENTITY	VARCHAR2(8)	YES	Entity ID of the payer	
PAYER_REV_NO	NUMBER(5)	YES	The revision of the payer this record is linked to	
PROVIDER_CODE	VARCHAR2(100)	YES	Unavailable	
PROVIDER_ENTITY	VARCHAR2(8)	YES	Entity ID of the provider entity	
PROVIDER_ORGINIZATION_CODE	VARCHAR2(100)	YES	Unavailable	
PROVIDER_PRIMARY_ID_QUALIFIER	VARCHAR2(100)	YES	Unavailable	
PROVIDER_REV_NO	NUMBER(5)	YES	The revision of the provider this record is linked to	
PROVIDER_SIGNATURE_ON_FILE	CHAR(1)	YES	Unavailable	
PROVIDER_TAXONOMY_CODE	VARCHAR2(100)	YES	Unavailable	
RECORD_STATE	CHAR(1)	NO	The current state of the record. Default is (A)ctive. See Code List "RECORD STATE CODES" for values	
REVISION_NO	NUMBER(5)	YES	Indicates the total number of times the record has been modified. Default is 1.	
STATE OR PROVINCE CODE	VARCHAR2(100)	YES	Unavailable	
TIMESTAMP	DATE	NO	The Date/Time the record was created or modified. It is maintained internally by the system	

FIG. 8

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REF.PATIENTS_PLAN

T16

C34	C36	C38	C40
Column Name	Data Type	Nullable	Description
CUSTOMER_ENTITY	VARCHAR2(8)	NO	The value assigned to a customer which uniquely identifies the organization within the system
CUSTOMER_ID	VARCHAR2(30)	YES	The value assigned to a customer which uniquely identifies the organization within the system
DEFAULT_BILLING_PROVIDER	NUMBER(8)	YES	Unavailable
DEFAULT_FACILITY_ENTITY	VARCHAR2(8)	YES	Unavailable
DEFAULT_RENDERING_PROVIDER	NUMBER(8)	YES	Unavailable
INSURED_RELATION_TO_PATIENT	VARCHAR2(100)	YES	Explains the relationship between the insured/subscriber and the patient. See Code List "RELATIONSHIPS" for values
MAP_CODE	VARCHAR2(100)	YES	Unavailable
MODIFIED_BY	VARCHAR2(30)	NO	The user that modified the record. Stored as CUSTOMER_ENTITY.ENTITY_ID
PATIENT_ENTITY	VARCHAR2(8)	YES	Entity ID of the patient entity
PATIENT_PLAN_ID	VARCHAR2(8)	YES	A unique number identifying the "insurance plan/patient" combination
PATIENT_RELATION_TO_INSURED	VARCHAR2(100)	YES	Explains the relationship between the patient and the insured/subscriber. See Code List "RELATIONSHIPS" for values
PATIENT_REV_NO	NUMBER(5)	YES	The revision of the patient the record is linked to
PATIENT_SIGNATURE_DATE	VARCHAR2(35)	YES	Unavailable
PATIENT_SIGNATURE_DATE_FMT	VARCHAR2(100)	YES	Unavailable
PATIENT_SIGNATURE_SOURCE_CODE	VARCHAR2(100)	YES	Unavailable
RECORD_STATE	CHAR(1)	NO	The current state of the record. Default is (A)ctive. See Code List "RECORD STATE CODES" for values
RELEASE_OF_INFORMATION_CODE	VARCHAR2(100)	YES	Unavailable
RELEASE_OF_INFORMATION_DATE	VARCHAR2(35)	YES	Unavailable
RELEASE_OF_INFO_DATE_FMT	VARCHAR2(100)	YES	Unavailable
REVISION_NO	NUMBER(5)	YES	Indicates the total number of times the record has been modified. Default is 1
SUBSCRIBER_PLAN_ID	VARCHAR2(8)	YES	Unavailable
SUBSCRIBER_PLAN_REV_NO	NUMBER(5)	YES	The revision of the subscribers plan the record is linked to
TIMESTAMP	DATE	NO	The Date/Time the record was created or modified. It is maintained internally by the system

FIG. 9

FIG. 10

FIG. 10

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FILE

EDIT

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FAVORITES

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BUSINESS ADMIN

CLAIM SUBMISSION

HIPAA 1500

REPORT

SERVICES

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FACILITY OFFICE

HOME PAGE

USER: USERNAME CONNECTED ON 01/01/2003 AT 90:45

CURRENT FACILITY: SOUTH FACILITY OFFICE

LOGO

CLAIM STATICS

SCOREBOARD

SAVE AS DEFAULT

DATE RANGE

CUSTOM: O

FROM:

TO:

DISPLAY BY

COUNTS: O

DOLLARS: ●

SINCE LAST LOGIN

O SINCE LAST SUBMIT

● ALL

YTD

MTD

O WTD

O TODAY

O YESTERDAY

CLEARING HOUSE	\$2,552,661.30	\$24,698.00	\$3,793.86	\$98,639.22	\$0.00	N/A
INSURANCE	\$2,425.530	\$1,211,563.78	\$185,746.50	\$185,746.50	\$0.00	\$0.00

FIG. 11

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LOGO

FACILITY OFFICE

HOME PAGE

USER: USERNAME CONNECTED ON 01/01/2003 AT 90:45

CURRENT FACILITY: SOUTH FACILITY OFFICE

DATE RANGE

CUSTOM: O

FROM:

TO:

DISPLAY BY

SINCE LAST LOGIN

O SINCE LAST SUBMIT

● ALL

COUNTS: O

DOLLARS: O

YTD

MTD

O WTD

O TODAY

O YESTERDAY

CLEARING HOUSE

8799

72

659

461

0

N/A

INSURANCE

7615

3587

10

527

0

3491

W140

CLEARINGHOUSE (461 RECORDS)

PAGE 1 OF 1

W302

CLAIM ID

INSURANCE

PATIENT ACCT.

PATIENT

DOS

FACILITY

BILLING PROVIDER

BILLED AMOUNT

8R110854

MIDI INS.

JOHRO000

ERROR MESSAGE CLAIM REQUIRES AN INSURED (POLICY NUMBER)

\$1,557.00

8G010805

MIDI INS.

CORJO000

ERROR MESSAGE INVALID CPT4 CODE ONLINE 1

\$1,387.00

8Q10507

GHI

MALER000

\$1,328.00

FIG. 12

W400

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FILEEDITVIEWFAVORITESTOOLSHelp

ADDRESS

GOBACKFORWARDSTOPREFRESHHOME

HOMEBUSINESSADMINCLAIM SUBMISSIONHIPAA 1500REPORTSERVICESSUPPORT

LOGO

FACILITY OFFICE

HOME:PAGE

USER: USERNAME CONNECTED ON 01/01/2003 AT 90:45

CURRENT FACILITY: SOUTH FACILITY OFFICE

SCOREBOARD

DATE RANGECUSTOM: O FROM: TO: DISPLAY BY

SINCE LAST LOGIN O SINCE LAST SUBMIT ALL

YTD MTD O WTD O TODAY O YESTERDAYCOUNTS: O DOLLARS: O

	SUBMITTED	IN PROCESS	CANCELLED	ATTENTION REQUIRED REJECTEDOTHER	FILING COMPLETE
CLEARING HOUSE	8799	72	659	4610	N/A
INSURANCE	7615	3587	10	5270	3491

INSURANCE REJECTED CLAIMS (527 RECORDS)

PAGE 1 OF 1

CLAIM ID	INSURANCE	PATIENT ACCT.	PATIENT	DOS	FACILITY	BILLING PROVIDER	BILLED AMOUNT
8K0108749	MIDI INS.	CORJ000	ERROR MESSAGE INSURED ADDRESS INCOMPLETE				\$2,527.50
PATIENT ZIP CODE INVALID							
[R] CLAIM REJECTED BY PAYER PLEASE CORRECT AND RESUBMIT							
88014221	AMERICAN INS.	BLABE001					\$1,746.00

FIG. 13

W500

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FILE	EDIT	VIEW	FAVORITES	TOOLS	HELP		
ADDRESS		GO		BACK	FORWARD	STOP	REFRESH
HOME		BUSINESS ADMIN		CLAIM SUBMISSION	HIPAA 1500	REPORT	SERVICES
SUPPORT							
FACILITY OFFICE							
USER: USERNAME CONNECTED ON 01/01/2003 AT 90:45							
W506 CURRENT FACILITY: SOUTH FACILITY OFFICE							
DETAIL HISTORY ACCESS LOG RESPONSES ERA							
NEW FIND SAVE EDIT RESUBMIT CANCEL PRINT REPORT							
INSURANCE MAILING ADDRESS:							
BLUE CROSS BLUE SHIELD							
BLUE SHIELD GA							
STREET ADDRESS							
PO BOX 9907							
CITY STATE ZIP							
COLUMBUS GA 31908							
PICA							
HEALTH INSURANCE CLAIM FORM							
1. MEDICARE MEDICAID CHAMPUS CHAMPVA GROUP FECA OTHER							
<input type="checkbox"/> (MEDICARE#) <input type="checkbox"/> (MEDICAID#) <input type="checkbox"/> (SPONSOR SSN) <input type="checkbox"/> (VA FILE #) <input type="checkbox"/> (SSN OR ID) <input type="checkbox"/> (SSN) <input type="checkbox"/> (ID)							
2. PATIENT'S NAME							
3. PATIENT'S BIRTH DATE							
1A. INSURED ID NUMBER							
4. INSURED'S NAME							
STREET ADDRESS							
8. PATIENT STATUS							
PATIENT NAME							
CLAIM ID: 87013086							
SERVICE DATE: 03/26/2001							
INSURANCE: BLUE CROSS							
PATIENT NAME							
CLAIM ID: 87013087							
SERVICE DATE: 05/10/2001							
INSURANCE: BLUE CROSS							
PATIENT NAME							
CLAIM ID: 87013132							
SERVICE DATE: 05/25/2001							
INSURANCE: BLUE CROSS							
PATIENT NAME							
CLAIM ID: 87013033							
SERVICE DATE: 06/08/2001							
INSURANCE: BLUE CROSS							

FIG. 14

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CLAIM SUBMISSION

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REPORT

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FACILITY OFFICE

W506 CURRENT FACILITY: SOUTH FACILITY OFFICE

USER: USERNAME CONNECTED ON 01/01/2003 AT 90:45

W604

RCS REPORT

DETAIL

HISTORY

ACCESS LOG

RESPONSES

ERA

PATIENT NAME

CLAIM ID: 87013086

SERVICE DATE: 03/26/2001

INSURANCE: BLUE CROSS

PATIENT NAME

CLAIM ID: 87013087

SERVICE DATE: 05/10/2001

INSURANCE: BLUE CROSS

PATIENT NAME

CLAIM ID: 87013132

SERVICE DATE: 05/25/2001

INSURANCE: BLUE CROSS

PATIENT NAME

CLAIM ID: 87013033

SERVICE DATE: 06/08/2001

INSURANCE: BLUE CROSS

CLAIM INFORMATION

W604

PATIENT NAME	ACCOUNT NO.	SERVICE DATE	INSURANCE	CHARGE AMOUNT	CLAIM STATUS
	JOHRO000	02/26/2001	MIDI INS.	1,557.00	CLAIM FAILED EDIT PROCESS

HISTORY DETAIL

W602

DATE	USER	INFORMATION
11/07/2001 10:10:45		CLAIM BEING ENTERED
11/07/2001 10:10:46		CLAIM SUBMITTED IN FILE #245, READY FOR EDITS
11/07/2001 10:31:42		EDITING CLAIMS
		CLAIM REQUIRES AN INSURED (POLICY) NUMBER
11/07/2001 14:07:49		CLAIM FAILED EDIT PROCESS
11/07/2001 14:07:50		CLAIM UPDATED
		RESUBMIT CLAIM TO PAYER

LOGO

FIG. 15

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FILE

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CLAIM SUBMISSION

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FACILITY OFFICE

USER: USERNAME CONNECTED ON 01/01/2003 AT 90:45

CURRENT FACILITY: SOUTH FACILITY OFFICE

LOGO

RCS REPORT

PATIENT NAME

CLAIM ID: 87013086

SERVICE DATE: 03/26/2001

INSURANCE: BLUE CROSS

PATIENT NAME

CLAIM ID: 87013087

SERVICE DATE: 05/10/2001

INSURANCE: BLUE CROSS

PATIENT NAME

CLAIM ID: 87013132

SERVICE DATE: 05/25/2001

INSURANCE: BLUE CROSS

PATIENT NAME

CLAIM ID: 87013033

SERVICE DATE: 06/08/2001

INSURANCE: BLUE CROSS

DETAIL

HISTORY

ACCESS LOG

RESPONSES

ERA

CLAIM ACCESS LOG

W702

W604

FIG. 16

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FILE EDIT VIEW FAVORITES TOOLS HELP

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BUSINESS ADMIN

CLAIM SUBMISSION

HIPAA 1500

REPORT

SERVICES | SUPPORT

FACILITY OFFICE

USER: USERNAME CONNECTED ON 01/01/2003 AT 90:45
CURRENT FACILITY: SOUTH FACILITY OFFICE

LOGO

FILE UPLOADS

SEARCH

△

FILE NAME: BOOK3.XLS
FILE# 1642 [REJECTED]
03:15:2002 AT 10:48

CLAIM DETAIL

FILE NAME: 120601MCD
FILE# 316 [ACCEPTED]
12:06:2001 AT 13:57

CLAIM DETAIL

FILE NAME: 120601
FILE# 315 [ACCEPTED]
12:06:2001 AT 13:44

CLAIM DETAIL

FILE NAME: 120401
FILE# 314 [ACCEPTED]
12:04:2001 AT 17:37

CLAIM DETAIL

IN BOUND FILE REPORT W802

FILE INFORMATION

CUSTOMER		FACILITY		SUBMITTER	
[1] SOUTH FACILITY OFFICE		[1] SOUTH FACILITY OFFICE		[4520] LISA DAVIS	
FILE NAME	FILE NO.	DATE	START TIME	END TIME	FILE STATUS
120601MCD	316	12/06/2001	13:57:27	13:58:19	ACCEPTED

FILE MESSAGES

FILE 120601MCD SUCCESSFULLY UPLOADED

PROCESS INFORMATION

PROCESS #	MAP	UPLOAD TIME	TRANSLATE TIME	EDIT TIME	TOTAL TIME
		00:00:02			00:00:52

FILE STATISTICS

CLAIM ID	CLAIM TYPE	CLAIM STATUS	CLAIM DATE	CLAIM TIME	CLAIM AMOUNT	CLAIM DOLLARS	CLAIM COUNT	CLAIM TOTAL
1	CLAIM	CLAIM	00:00:52	00:00:07	8	\$4,840.00	0	\$0.00
					8	\$4,840.00	8	\$4,840.00

FIG. 17

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CLAIM SUBMISSION

HIPAA 1500

REPORT

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FACILITY OFFICE

USER: USERNAME CONNECTED ON 01/01/2003 AT 90:45

CURRENT FACILITY: SOUTH FACILITY OFFICE

LOGO

FILE UPLOADS

SEARCH

DATE

FILE NAME: BOOK3.XLS

FILE# 1642 [REJECTED]

03:15:2002 AT 10:48

CLAIM DETAIL

FILE NAME: 120601MCD

FILE# 316 [ACCEPTED]

12:06:2001 AT 13:57

CLAIM DETAIL

FILE NAME: 120601

FILE# 315 [ACCEPTED]

12:06:2001 AT 13:44

CLAIM DETAIL

FILE NAME: 120401

FILE# 314 [ACCEPTED]

12:04:2001 AT 17:37

CLAIM DETAIL

INSURANCE REJECTED CLAIMS (5 RECORDS)

PAGE 1 OF 1

CLAIM	INSURANCE	ACCOUNT NO.	FACILITY	BILLING PROVIDER	BILLED AMOUNT
87013289	TRAVELERS COMP				\$155.00
REFERRING PHYSICIANS UPIN/ID# MISSING/INVALID					
[R] CLAIM REJECTED BY PAYER PLEASE CORRECT AND RESUBMIT					
87013433	UNITED HEALTHCARE				\$300.00
REFERRING PHYSICIANS UPIN/ID# MISSING/INVALID					
[R] CLAIM REJECTED BY PAYER PLEASE CORRECT AND RESUBMIT					
87013433	TRAVELER CASUALTY				\$280.00

FIG. 18